

Flow Cytometry Requisition

6N109 402-1716

Specimen Collection Criteria are found at <http://home.ccr.cancer.gov/lop/clinical>. Choose clinical services and flow cytometry.

Name_____

Unique Patient Identifier No._____

Specimen Type_____ Collection Date_____ Time_____

CSF Specimens need an accurate collection time.

Diagnosis_____

Clinical History/Immunophenotypic History

Requesting MD_____ Page Number_____

Fax Number_____

NIH Protocol:

Kreitman_____ Sausville_____ Morris/Bates_____ Wayne_____

Wilson_____ Fowler_____ Waldeman_____

Bishop_____ Holland_____ Kwak_____

Clinical Question: Check for the presence of one

1. Mature lymphoid neoplasm_____

2. AML_____

3. ALL_____

4. LGL_____

5. MDS_____

6. Expression of specific antibody by tumor. Requires previous immunophenotyping of tumor population. *Circle 1* Hu1D10, CD20 CD22 CD25 CD38 7G7 CD52

7. Minimal Residual Disease--Requires previous Flow history and unique tumor signature_____

8. Apoptosis(Target population is) B_____ T_____

9. Other, **Please specify antibody required**

All Flow specimens that are not protocol approved must be cleared with Dr Stetler-Stevenson (402-1424) or Dr Kingma (402-3295) prior to specimen receipt in the Flow Lab. A daily specimen cap is in effect. All specimens are scheduled at 402-1716.

The Flow Lab does not give out results. Results are found in the MIS under Surgical Pathology. Stat and unexpected results are called or Faxed to the Page/Fax number listed above.